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APPLICANTS

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** CONTINUING DATA *****

None *tp*

** FOREIGN APPLICATIONS *****

None *tp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/23/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance met				
Examiner's Signature <i>tp</i> Initials					

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TITLE

Independent server diagnostic port

FILING FEE RECEIVED 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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